

**RFP-4-79**  
**ATTACHMENT E**  
**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

**Table of Contents**

<b><u>1.0 Overview of Hoosier Healthwise</u></b> .....	2
<b><u>2.0 Eligible and Excluded Populations</u></b> .....	2
<b><u>3.0 Delivery Systems: Primary Care Case Management (PCCM) and Risk-Based Managed Care (RBMC)</u></b> .....	3
3.1 Primary Care Case Management (PCCM).....	3
3.2 Risk-Based Managed Care (RBMC).....	3
<b><u>4.0 Member Enrollment</u></b> .....	3
<b><u>5.0 Provider Networks</u></b> .....	4
5.1 Hoosier Healthwise Provider Types.....	4
5.2 Primary Medical Providers (PMPs).....	4
<b><u>6.0 Covered Services and Benefit Packages</u></b> .....	5
6.1 Package A: Standard Coverage.....	5
6.2 Package B: Pregnancy Coverage and Pregnancy-Related Coverage.....	5
6.3 Package C: CHIP Phase II.....	5
6.4 Hoosier Healthwise Benefits.....	6

**RFP-4-79**  
**ATTACHMENT E**  
**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

## **1.0 Overview of Hoosier Healthwise**

Medicaid is a Federal- and State-funded health care program providing reimbursement for reasonable and necessary medical care for persons meeting eligibility requirements. The Indiana Family and Social Services Administration (IFSSA), Office of Medicaid Policy and Planning (OMPP), authorized by a Federally-approved waiver of section 1915(b) of the Social Security Act, administers the Medicaid program in Indiana. More detailed information about Indiana Health Coverage Programs (IHCP) is available on the State's website at [www.indianamedicaid.com](http://www.indianamedicaid.com).

In 1994, the State of Indiana implemented Hoosier Healthwise, a mandatory managed care program for eligible Medicaid recipients including children, low-income families and pregnant women. OMPP phased in the program and by July 1997, the program was Statewide. Through Hoosier Healthwise, eligible individuals have a medical home, care coordination and a committed provider network throughout the State. The overall goals of the Hoosier Healthwise program are to:

- Ensure access to primary and preventive care
- Improve access to all necessary health care services
- Encourage quality, continuity and appropriateness of medical care
- Provide medical coverage in a cost-effective manner

In 1997, Congress passed the Children's Health Insurance Program (CHIP) as part of the Balanced Budget Act. The Act allotted money to each State to develop a program to expand health coverage to uninsured children. Effective July 1, 1998, CHIP Phase I expanded the Hoosier Healthwise program by increasing standard Medicaid eligibility for all children with a family income up to 150 percent of the federal poverty level (FPL).

Effective January 1, 2000, the second phase of CHIP, called "Hoosier Healthwise Package C - Children's Health Plan", provides health care coverage for children with family income levels within 150-200 percent of the FPL. Package C members must pay a premium for coverage, the benefits are slightly different and some copays apply.

## **2.0 Eligible and Excluded Populations**

The State has sole authority for determining whether individuals or families meet any of the eligibility criteria of the Hoosier Healthwise program. The IFSSA Division of Family and Children (DFC) makes eligibility determinations.

Enrollment in Hoosier Healthwise is mandatory for Medicaid individuals in children, pregnant women and low-income families aid categories and children eligible for CHIP. Voluntary enrollment is available for wards and foster children. The specific eligibility aid category determines the benefit package.

The following Medicaid enrollees are excluded from mandatory participation in Hoosier Healthwise managed care:

- Wards and foster children voluntarily enroll
- *Medicaid Select* enrollees
- Persons in nursing homes and other institutions, such as ICF/MR facilities

**RFP-4-79**  
**ATTACHMENT E**  
**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

- Undocumented persons
- Persons receiving waiver or hospice services
- Persons who have spend-down

**3.0 Delivery Systems: Primary Care Case Management (PCCM) and Risk-Based Managed Care (RBMC)**

Hoosier Healthwise provides comprehensive health care services for eligible populations through two health care delivery systems:

**3.1 Primary Care Case Management (PCCM)**

The plan name for Hoosier Healthwise PCCM is *PrimeStep*. The *PrimeStep* program operates as a fee-for-service (FFS) program with primary medical providers (PMPs) acting as gatekeepers and assuming care management responsibilities 24-hours-a-day, seven-days-a-week. The *PrimeStep* program can operate in all counties in the State except in the thirteen mandatory risk-based managed care (RBMC) counties described below.

**3.2 Risk-Based Managed Care (RBMC)**

Managed care organizations (MCOs) contracted with OMPP provide covered services and assume financial risk for services provided to members enrolled in the RBMC delivery system. The MCO manages care through its contracted network of PMPs, specialists and other providers. OMPP has designated certain counties in which Hoosier Healthwise members must enroll with an MCO (i.e., mandatory RBMC). As a result, Hoosier Healthwise members residing in Allen, Elkhart, Johnson, Lake, LaPorte, Marion, Morgan, Porter and St. Joseph Counties must enroll in a risk-based MCO. Members in Delaware, Grant, Howard and Madison Counties are anticipated to transition to mandatory MCO enrollment July 1, 2004.

The State requires the MCO to initiate network development in all mandatory RBMC counties. To confirm the MCO's participation in the mandatory RBMC counties, the State will evaluate the MCO's progress in its network development efforts prior to the start date of the contract. In the interest of maintaining the mandatory status of the existing mandatory RBMC counties, OMPP reserves the right to limit the enrollment, by county, of a particular MCO, in order to ensure the members have adequate choice of plans.

**4.0 Member Enrollment**

OMPP's goal for Hoosier Healthwise is to have all members choose their PMPs. However, if a potential enrollee fails to make a PMP selection within 30 calendar days of being determined eligible for Hoosier Healthwise, IndianaAIM will automatically assign the member to an appropriate PMP and health plan. Attachment F and the MCO Policies and Procedures Manual include detailed information about the auto-assignment process.

The State's enrollment broker provides initial Hoosier Healthwise program enrollment education and facilitates members' PMP choice upon initial enrollment. Attachment F of this RFP describes the enrollment process in more detail. An MCO member can request to change his/her PMP at any time by contacting the MCO's member services department or the Hoosier Healthwise Helpline. The

**RFP-4-79**  
**ATTACHMENT E**  
**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

MCO submits change requests to the enrollment broker, who processes, tracks and monitors the requests. The MCO and enrollment broker will attempt to resolve complaints to discourage frequent switching of PMPs. The MCO Policies and Procedures Manual provides more detail regarding the procedures for handling member's requests to change PMP assignments received by the MCO.

## **5.0 Provider Networks**

All providers rendering services to Hoosier Healthwise members in either the PCCM or RBMC delivery system must enroll with the IHCP, including providers that are located out-of-state. Providers must also agree to comply with all IHCP regulations and State standards regarding access to care and quality of services. Additionally, all laboratory providers must hold Clinical Laboratory Improvement Amendments (CLIA) certificates. More IHCP provider enrollment information is available in the IHCP Provider Manual, on the [www.indianamedicaid.com](http://www.indianamedicaid.com) website or the MCO Policies and Procedures Manual.

### **5.1 Hoosier Healthwise Provider Types**

A comprehensive array of providers participates in the Hoosier Healthwise program. OMPP considers all IHCP providers eligible to be included in the *PrimeStep* network. The MCO network is defined by the MCO's contracted providers and must include PMPs as well as certain specialty providers. The MCO network also includes hospitals, pharmacies and ancillary providers to service its enrolled members. The MCO's members receive most of their health care from providers included in the MCO's network. Specialists, hospitals, pharmacies and ancillary providers may participate in both Hoosier Healthwise delivery systems (i.e., PCCM or RBMC) and may contract with more than one MCO. However, PMPs may only participate in PCCM or RBMC, and can only contract as a PMP with one MCO. See Attachment D of this RFP for more information on the MCO provider network composition requirements.

### **5.2 Primary Medical Providers (PMPs)**

Using a program design feature unique to Indiana, Hoosier Healthwise enrollees are linked to a PMP rather than a plan, whether by selection or auto-assignment. This program design feature serves to promote the concept of a "medical home". The PMP provides, through an ongoing member-physician relationship, preventive and primary medical care, as well as referral for all medically necessary specialty services. The PMP must be available 24-hours-a-day, seven-days-a-week, and assume total management of the member's non-emergency medical needs. A PMP must be an IHCP physician in the field of general practice, family practice, general pediatrics, general internal medicine, or obstetrics/gynecology (OB/GYN). An OB/GYN may choose to be a PMP for pregnant women only, or for all women.

PMPs must provide or authorize most primary and preventive care services as part of the case management function. PMPs must provide appropriate referral to specialty services. If the service is authorized, the PMP must document the referral in the member's medical record. However, some medical services do not require PMP authorization (i.e., self-referral services). PMPs may provide information to members about how to access self-referral services and may advise members of self-referral providers that are available to render these services.

**RFP-4-79**  
**ATTACHMENT E**  
**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

The State's PCCM administrator recruits and educates physicians interested in becoming PrimeStep PMPs through face-to-face training sessions, manuals and brochures. Once a PMP is enrolled, the State's PCCM administrator provides each new PMP with a provider manual that outlines contract requirements and referral procedures as well as the PMP's responsibilities as an enrollee's PMP.

The MCO may recruit PrimeStep PMPs or other IHCP physicians to be contracted PMPs in the MCO network. The MCO is encouraged to recruit non-IHCP physicians as well, but those physicians must enroll as IHCP physicians in the appropriate field before they can receive member assignments as PMPs.

The State allows PMPs to participate in only one Hoosier Healthwise delivery system (i.e., the PMP must either be in PCCM or RBMC) unless approved by OMPP on a case-by-case basis in non-mandatory RBMC counties. And, if the PMP chooses the RBMC delivery system, the PMP can contract as a PMP with only one MCO. However, a physician who is a PMP with one MCO plan may contract as a specialist with another plan.

## **6.0 Covered Services and Benefit Packages**

The Hoosier Healthwise program encompasses three Benefit Packages described below.

### **6.1 Package A: Standard Coverage**

Package A eligible members receive full Medicaid benefits. This package includes children, pregnant women and low-income families in Temporary Assistance for Needy Families (TANF), TANF-related and CHIP Phase I aid categories. CHIP Phase I includes children under age 19 whose family incomes are up to 150 percent of the FPL. Pregnant women who meet the TANF income and resource criteria receive Package A benefits. Eligibility re-determination is generally required every six months. By State law (IC-12-15-6-4), no co-payments or premiums are required for Medicaid-eligible children, pregnant women and MCO members.

### **6.2 Package B: Pregnancy Coverage and Pregnancy-Related Coverage**

Package B benefits are designed for pregnant women whose income is below 150 percent of the FPL without regard to their resources. Package B benefits include pregnancy-related and postpartum care. Eligibility extends up to 60 days postpartum. By State law (IC-12-15-6-4), no co-payments or premiums are required for Medicaid-eligible children, pregnant women and MCO members.

### **6.3 Package C: CHIP Phase II**

Package C eligible members receive CHIP benefits that are similar to Medicaid benefits with some additional limitations. Package C includes preventive, primary and acute care services for children under age 19 whose family incomes are 150 to 200 percent of FPL. Package C members are subject to co-payment requirements and can be charged co-payments or other cost-sharing fees for MCO-covered services. Package C members, following 407 IAC 3-10-3 and 407 IAC 3-9-3, may be charged co-payments for prescription drugs (\$3.00 generic and \$10.00 brand name) and ambulance transportation (\$10.00).

**RFP-4-79**  
**ATTACHMENT E**  
**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

6.4 Hoosier Healthwise Benefits

Hoosier Healthwise covered benefits include CHIP-covered services and certain Medicaid covered services. Medicaid covered services are outlined in 405 IAC 5 and CHIP (Package C) covered services are outlined in 407 IAC 3. The table below provides a general list of the Medicaid/CHIP covered services, identifies whether each service is reimbursed under RBMC, and under which benefit package each service is covered. Attachment D of this RFP and the MCO Policies and Procedures Manual describe the benefits and services, as they relate to the MCO, in greater detail including, but not limited to the following:

- Medicaid and CHIP services that are covered under Hoosier Healthwise.
- Self-referral services that include chiropractic, eye care, podiatric, family planning, HIV/AIDS targeted case management, emergency services and behavioral health services.
- Services “carved-out” from the MCO’s responsibility are behavioral health services rendered by IHCP mental health specialty providers, dental services and Individualized Education Plan services.
- Disease management services for asthma and other chronic diseases as described in Attachment I of this RFP.
- Medicaid services excluded from Hoosier Healthwise are those services that qualify for long-term level of care, i.e., nursing home, home- and community-based service (HCBS) waivers, and hospice.

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Case Management for Persons with HIV/AIDS</b>	YES (Self-referral)	Targeted case management services limited to no more than 60 hours per quarter.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Non-covered service
<b>Case Management for Mentally Ill or Emotionally Disturbed</b>	NO	Targeted case management services limited to those provided by or under supervision of qualified mental health professionals who are employees of a provider agency approved by the Department of Mental Health.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Non-covered service
<b>Case Management for Pregnant Women**</b> (405 IAC 5-11)	YES	Limited to one initial assessment, one reassessment per trimester, and one postpartum assessment.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Non-covered service

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Chiropractors*<sup>5</sup></b> (405 IAC 5-12)	YES (Self-referral)	Coverage is available for covered services provided by a licensed chiropractor when rendered within the scope of the practice of chiropractic. Limited to five visits and 50 therapeutic physical medicine treatments per member per year.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Coverage is available for covered services provided by a licensed chiropractor when rendered within the scope of the practice of chiropractic. Limited to five visits and 14 therapeutic physical medicine treatments per member per calendar year. An additional 36 treatments may be covered if prior approval is obtained based on medical necessity. There is a 50-treatment limit per calendar year.
<b>Chronic Disease Management</b>	YES (Asthma)	Coverage available to qualified recipients with chronic diseases such as congestive heart failure, diabetes, asthma, HIV/AIDS to enhance, support or train on self-management skills.	Coverage available to qualified recipients with chronic diseases such as congestive heart failure, diabetes, asthma, HIV/AIDS to enhance, support or train on self-management skills.	Coverage available to qualified recipients with chronic diseases such as congestive heart failure, diabetes, asthma, HIV/AIDS to enhance, support or train on self-management skills.
<b>Dental Services</b> (405 IAC 5-14)	NO	In accordance with Federal law, all medically necessary dental services are provided for children under age 21 even if the service is not otherwise covered under Package A. Benefit limit \$600.00 per year for ages 21 years and older.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	All medically necessary dental services are provided for children enrolled in Package C even if the service is not otherwise covered under CHIP.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required



**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Diabetes Self Management Training Services*</b> (405-IAC 5-36)	YES	Limited to 16 units per member per year. Additional units may be prior authorized.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Limited to 16 units per member per year. Additional units may be prior authorized.
<b>Drugs - Prescribed (Legend) Drugs</b> (405 IAC 5-24)	YES	Medicaid covers legend drugs if the drug is: approved by the United States Food and Drug Administration; not designated by CMS as less than effective or identical, related, or similar to less than effective drug; and not specifically excluded from coverage by Indiana Medicaid	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Medicaid covers legend drugs if the drug is: approved by the United States Food and Drug Administration; not designated by CMS as less than effective or identical, related, or similar to less than effective drug; and not specifically excluded from coverage by Indiana Medicaid
<b>Drugs -Over-the-counter (Non-legend)</b>	YES	Medicaid covers non-legend (over-the-counter) drugs on its formulary. This is available at: <a href="http://www.indianapbm.com">http://www.indianapbm.com</a>	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Not covered except for insulin.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Early Intervention Services (Early Prevention and Screening, Diagnosis and Treatment [EPSDT])</b>	YES	Covers comprehensive health and development history, comprehensive physical exam, appropriate immunizations, laboratory tests, health education, vision services, dental services, hearing services, and other necessary health care services in accordance with the HealthWatch EPSDT periodicity and screening schedule.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covers immunizations, and initial and periodic screenings according to the HealthWatch EPSDT periodicity and screening schedule. Coverage of treatment services is subject to the Package C benefit package coverage limitations.
<b>Emergency and Post-Stabilization Services</b> (IC 12-15-12-15 & -17)	YES (Self-referral)	Emergency services are covered subject to the prudent layperson standard of an emergency medical condition.	Emergency services are covered subject to the prudent layperson standard of an emergency medical condition.	Emergency services are covered subject to the prudent layperson standard of an emergency medical condition.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Eye Care, Eyeglasses and Vision Services</b> (405 IAC 5-23)	YES (Self-referral)	Coverage for the initial vision care examination will be limited to one examination per year for a member under 19 years of age and one examination every two years for a recipient 19 years of age or older unless more frequent care is medically necessary. Coverage for eyeglasses, including frames and lenses, will be limited to a maximum of one pair per year for members under 19 years of age and one pair every two years for members 19 years and older.	Non-covered.	Vision care examination is limited to one examination per year for a member under 19 years of age unless more frequent care is medically necessary. Coverage for eyeglasses, including frames and lenses, will be limited to a maximum of one pair per year for members under 19 years of age except when a specified minimum prescription change makes additional coverage medically necessary or the member's lenses and/or frames are lost, stolen, or broken beyond repair.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Family Planning Services and Supplies</b> (IHCP Provider Manual pg. 8-160 and PrimeStep Manual)	YES (Self-referral)	Family planning services include: limited history and physical examination; pregnancy testing and counseling; provision of contraceptive pills, devices, and supplies; education and counseling on contraceptive methods; laboratory tests, if medically indicated as part of the decision- making process for choice of contraception; initial diagnosis and treatment (no on-going treatment) of sexually transmitted diseases (STDs); screening, and counseling of members at risk for HIV and referral and treatment; tubal ligation; vasectomies. Pap smears are included as a family planning service if performed according to the United States Preventative Services Task Force Guidelines.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Family planning services include: limited history and physical examination; pregnancy testing and counseling; provision of contraceptive pills, devices, and supplies; education and counseling on contraceptive methods; laboratory tests, if medically indicated as part of the decision- making process for choice of contraception; initial diagnosis and treatment (no on-going treatment) of sexually transmitted diseases (STDs); screening, and counseling of members at risk for HIV and referral and treatment; tubal ligation; vasectomies. Pap smears are included as a family planning service if performed according to the United States Preventative Services Task Force Guidelines.
<b>Federally Qualified Health Centers (FQHCs)</b>	YES	Coverage is available for medically necessary services provided by licensed health care practitioners.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Coverage is available for medically necessary services provided by licensed health care practitioners.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Food Supplements, Nutritional Supplements, and Infant Formulas**</b> (405 IAC 5-24-9)	YES	Coverage is available only when no other means of nutrition is feasible or reasonable. Not available in cases of routine or ordinary nutritional needs.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covered only when no other means of nutrition is feasible or reasonable. Not available in cases of routine or ordinary nutritional needs.
<b>Hospital Services - Inpatient*</b> (405-IAC 5-16)	YES	Inpatient services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's condition.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Inpatient services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's condition.
<b>Hospital Services - Outpatient*</b>	YES	Outpatient services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's condition.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Outpatient services are covered when such services are provided or prescribed by a physician and when the services are medically necessary for the diagnosis or treatment of the member's condition.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Home Health Services**</b> (405 IAC 5-16)	YES	Coverage is available to home health agencies for medically necessary skilled nursing services provided by a registered nurse or licensed practical nurse; home health aide services; physical, occupational, and respiratory therapy services; speech pathology services; and renal dialysis for home-bound individuals.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Coverage is available to home health agencies for medically necessary skilled nursing services provided by a registered nurse or licensed practical nurse; home health aide services; physical, occupational, and respiratory therapy services; speech pathology services; and renal dialysis for home-bound individuals.
<b>Hospice care**</b> (405 IAC 5-34)	NO	Hospice is available under Medicaid if the recipient is expected to die from illness within six months. Coverage is available for two consecutive periods of 90 calendar days followed by an unlimited number of periods of 60 calendar days. Member must be disenrolled from Hoosier Healthwise before hospice benefit can begin.	Non-covered.	Non-covered.
<b>Laboratory and Radiology Services</b> (405 IAC 5-18)	YES	Services must be ordered by a physician.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), and conditions that may complicate the pregnancy or urgent care services.	Services must be ordered by a physician.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Medical supplies and equipment (includes prosthetic devices, implants, hearing aids, dentures, etc.)**</b> (405 IAC 5-19)	YES (Except dentures or dental devices, dental products and dental supplies)	Coverage is available for medical supplies, equipment, and appliances suitable for use in the home when medically necessary.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covered when medically necessary. Maximum benefit of \$2,000 per year or \$5,000 per lifetime for durable medical equipment. Equipment may be purchased or leased depending on which is more cost-efficient.
<b>Mental health/substance abuse services-Inpatient**</b> (State Psychiatric Hospital or Free-standing Psychiatric Facility)  (405 IAC 5-20-1)	NO, unless services rendered in acute care hospital.	Medicaid reimbursement is available for inpatient psychiatric services provided to an individual between 22 and 65 years of age in a certified psychiatric hospital of 16 beds or less.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Inpatient mental health/substance abuse services are covered when the services are medically necessary for the diagnosis or treatment of the member's condition except when they are provided in an institution for treatment of mental diseases with more than 16 beds.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Mental health/ substance abuse services- Outpatient</b>	NO	Coverage includes mental health services provided by physicians, psychiatric wings of acute care hospitals, outpatient mental health facilities and psychologists endorsed as Health Services Providers in Psychology.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covers outpatient mental health/substance abuse services when the services are medically necessary for the diagnosis or treatment of the member's condition except when provided in an institution for mental diseases with more than 16 beds. Office visits limited to a maximum of 30 per a rolling 12 months per member without prior approval to a maximum of 50 visits per year.
<b>Mental Health Rehabilitation- Community Centers</b>	NO	Coverage includes outpatient mental health services, partial hospitalization (group activity program) and case management.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Non-covered services
<b>Mentally Retarded Services- Intermediate Care Facilities **</b>	NO	Medicaid coverage is available with preadmission diagnosis and evaluation. Includes room and board; mental health services; dental services; therapy and habilitation services; durable medical equipment; medical supplies; pharmaceutical products; transportation; optometric services. Member must be disenrolled from Hoosier Healthwise for the benefit to begin.	Non-covered.	Non-covered services

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required



**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Nurse-midwife services</b>	YES	Coverage is available for services rendered by a certified nurse-midwife when referred by a PMP. Coverage of certified nurse-midwife services is restricted to services that the nurse-midwife is legally authorized to perform.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Coverage is available for services rendered by a certified nurse-midwife when referred by a PMP. Coverage of certified nurse-midwife services is restricted to services that the nurse-midwife is legally authorized to perform.
<b>Nurse Practitioners</b>	YES	Coverage is available for medically necessary services or preventative health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Coverage is available for medically necessary services or preventative health care services provided by a licensed, certified nurse practitioner within the scope of the applicable license and certification.
<b>Nursing Facility Services** (Long-term)</b>	NO	Requires pre-admission screening for level of care determination and disenrollment from Hoosier Healthwise. Coverage includes room and board; nursing care; medical supplies; durable medical equipment; and transportation.	Non-covered.	Non-covered services
<b>Nursing Facility Services (Short-term)</b>	YES	30 days maximum; must be prior to level of care determination.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services and conditions that may complicate the pregnancy or urgent care services.	

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Occupational Therapy**</b>  (405 IAC 5-22)	YES	Services must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for initial evaluations, or for services provided within 30 calendar days following discharge from a hospital when ordered by a physician prior to discharge. Cannot exceed 12 hours, sessions or visits in 30 calendar days.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Services must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Maximum of 50 visits per rolling year (407 IAC 3-8-2), per type of therapy.
<b>Organ Transplants</b>  (405 IAC 5-3-13)	YES	Coverage is in accordance with prevailing standards of medical care. Similarly situated individuals are treated alike.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Non-covered services
<b>Orthodontics**</b>  (IHCP Provider Manual, pg. 8-261)	NO	No orthodontic procedures are approved except in cases of craniofacial deformity or cleft palate.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	No orthodontic procedures are approved except in cases of craniofacial deformity or cleft palate.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Out-of-state Medical Services**</b>  (405 IAC 5-5)	YES	Medicaid reimbursement is available for the following services provided outside Indiana: acute hospital care; physician services; dental services; pharmacy services; transportation services; therapy services; podiatry services; chiropractic services; and durable medical equipment and supplies. All out-of-state services are subject to the same limitations as in-state services.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covers acute, general hospital care; physician services; dental services; pharmacy services; transportation services; therapy services; podiatry services; chiropractic services; durable medical equipment and supplies. Coverage is subject to any limitations included in the CHIP benefit package.
<b>Physicians' surgical and medical services*</b>	YES (Except Psychiatrists and Behavioral Health Specialists)	Coverage includes reasonable services provided by a M.D. or D.O. for diagnostic, preventive, therapeutic, rehabilitative or palliative services provided within scope of practice. PMP office visits limited to a maximum of 4 per month or 20 per year per member without prior authorization.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covers reasonable services provided by a M.D. or D.O. for diagnostic, preventive, therapeutic, rehabilitative or palliative services provided within scope of practice. PMP office visits limited to a maximum of 30 per year per member without prior authorization.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Physical Therapy**</b>  (405 IAC 5-22)	YES	Services must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for initial evaluations, or for services provided within 30 calendar days following discharge from a hospital when ordered by a physician prior to discharge. Cannot exceed 12 hours, sessions or visits in 30 calendar days.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Services must be ordered by M.D. or D.O. and provided by qualified therapist or assistant. Maximum of 50 visits per year, per type of therapy.
<b>Podiatrists</b> (405 IAC 5-26)	YES (Self-referral)	Surgical procedures involving the foot, laboratory or x-ray services, and hospital stays are covered when medically necessary. No more than six routine foot care visits per year are covered.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Surgical procedures involving the foot, laboratory or x-ray services, and hospital stays are covered when medically necessary. Routine foot care services are not covered.
<b>Psychiatric Residential Treatment Facility (PRTF)</b>	NO	Reimbursement is available for medically necessary services provided to children younger than 21 years old in a PRTF. Reimbursement is also available for children younger than 22 years old who began receiving PRTF services immediately before their 21 <sup>st</sup> birthday. All services require prior authorization.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Non-covered.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Rehabilitative Unit Services - Inpatient**</b> (405 IAC 5-32)	YES	The following criteria shall demonstrate the inability to function independently with demonstrated impairment: cognitive function, communication, continence, mobility, pain management, perceptual motor function, or self-care activities.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covered up to 50 calendar days per calendar year.
<b>Respiratory Therapy*</b> (405 IAC 5-22)	YES	Services must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for inpatient or outpatient hospital, emergency, and oxygen in a nursing facility, 30 calendar days following discharge from hospital when ordered by physician prior to discharge.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Services must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Maximum of 50 visits per rolling year (407 IAC 3-8-2), per type of therapy.
<b>Rural Health Clinics</b>	YES	Coverage is available for services provided by a physician, nurse practitioner, or appropriately licensed, certified, or registered therapist employed by the rural health clinic.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Coverage is available for services provided by a physician, physician assistant, nurse practitioner, or appropriately licensed, certified, or registered therapist employed by the rural health clinic.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required

**RFP-4-79  
ATTACHMENT E**

**HOOSIER HEALTHWISE PROGRAM DESCRIPTION AND COVERED BENEFITS**

<b>Service *</b>	<b>Reimbursed Under RBMC<sup>2</sup></b>	<b>Package A Standard Plan</b>	<b>Package B Pregnancy Coverage Only</b>	<b>Package C Children's Health Plan</b>
<b>Speech, Hearing and Language Disorders*</b>  (405 IAC 5-22)	YES	Services must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Prior authorization is not required for initial evaluations, or for services provided within 30 calendar days following discharge from a hospital when ordered by physician prior to discharge.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Services must be ordered by a M.D. or D.O. and provided by qualified therapist or assistant. Maximum of 50 visits per rolling year, per type of therapy.
<b>Transportation - Emergency*</b>  (405 IAC 5-30)	YES	Coverage has no limit or prior approval for emergency ambulance or trips to/from hospital for inpatient admission/discharge, subject to the prudent layperson standard	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Covers emergency ambulance transportation using the prudent layperson standard as defined in 407 IAC 1-1-6. \$10.00 co-payment applies.
<b>Transportation – Non emergent</b>  (405 IAC 5-30)	YES	Non-emergency travel is available for up to 20 one-way trips of less than 50 miles per year without prior authorization.	Coverage is limited to services related to pregnancy (including prenatal, delivery, and postpartum services), as well as conditions that may complicate the pregnancy or urgent care services.	Ambulance services for non-emergencies between medical facilities are covered when requested by a participating physician; \$10.00 co-payment applies. Any other non-emergent transportation is not covered.

<sup>1</sup> Medicaid covered services and limitations in Packages A and B are cited in Title 405, Article 5 of the Indiana Administrative Code. Package C covered services and limitations are cited in Title 407, Article 3 of the Indiana Administrative Code. Indiana Administrative Code can be found on the State's website: [www.state.in.us/legislative/iac](http://www.state.in.us/legislative/iac).

<sup>2</sup> Services not reimbursed under RBMC are covered (available) and reimbursed for the RBMC members under traditional Medicaid benefits reimbursement.

<sup>3</sup> In PCCM and Traditional FFS Medicaid benefits and services: \*Prior Approval Required Under Certain Circumstances and \*\*Prior Approval Always Required